



## Facility Incident Report

(State-supplied vaccines only)

Alaska Department of Health and Social Services  
Epidemiology Vaccine Depot  
9210 Vanguard Drive - Suite 102A  
Anchorage, Alaska 99507

Telephone: (907) 341-2202

Fax: (907) 341-2228

<p>Facility Name: _____</p> <p>Facility PIN: _____</p>	<p>Depot staff to whom reported: _____</p> <p>Date of Loss: _____      Date Reported: _____</p>			
<p>Describe incident in detail, including all actions taken:</p> <div style="border: 1px solid black; height: 400px; margin-top: 10px;"></div>				
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">Data from Vaccine Return form:</td></tr><tr><td style="padding: 2px;">Total doses: #</td></tr><tr><td style="padding: 2px;">Total value: \$</td></tr></table>		Data from Vaccine Return form:	Total doses: #	Total value: \$
Data from Vaccine Return form:				
Total doses: #				
Total value: \$				
<p>Did you implement your Emergency Plan?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>    If yes, was your Emergency Plan effective?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Based upon this incident, have you changed your Emergency Plan?      Yes <input type="checkbox"/>      No <input type="checkbox"/>     (If yes, forward a copy of the revised Emergency Plan with this report.)</p> <p>Do you have insurance that would have covered the vaccine lost in this incident?      Yes <input type="checkbox"/>      No <input type="checkbox"/>     (This information is for data gathering purposes only.)</p>				

Person Completing Form (Print)

Date

Signature of Enrolling Provider

Date

I am the enrolling provider for this facility and have reviewed this completed report as well as the Emergency Plan.

Rev. 4/09